

# California Newborn Hearing Screening P R O G R A M



## **Provider Manual**

**Department of Health Services  
Children's Medical Services Branch**

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## **SECTION 1.0 - GENERAL INFORMATION**

### **Introduction - How To Use This Manual**

The *Newborn Hearing Screening Program (NHSP) Provider Manual* has been prepared by the State Department of Health Services, Children's Medical Services (CMS) Branch. This manual addresses the specific program policies, billing codes and procedures for completing claims for NHSP services and diagnostic hearing evaluation services rendered to newborns and infants by eligible providers.

The manual is intended to be used in conjunction with the *California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) Provider Manual*, the *Medi-Cal Provider Manuals* and the monthly *Medi-Cal Update* bulletins. Also, the manual is designed to allow the replacement of pages as program information changes. Such changes will be mailed automatically to you.

## **SECTION 1.1 - NEWBORN HEARING SCREENING PROGRAM**

### **Background**

The California Newborn Hearing Screening Program (NHSP) was established as a result of Assembly Bill 2780, Chapter 310, Statutes of 1998. This law requires the establishment of a comprehensive hearing screening program for the early detection of hearing loss in newborns and infants, with access to diagnostic evaluations and follow-up services, and provisions for data collection and reporting. The Department of Health Services (Department), specifically the Children's Medical Services (CMS) Branch, has responsibility for the implementation and oversight of this program.

Prior to the NHSP, only infants receiving care in a CCS-approved neonatal intensive care unit (NICU) who were at "high risk" for deafness were screened for hearing loss. Follow-up services for the infants identified with a hearing loss were provided through the CCS High-Risk Infant Follow-up Program.

Now, all CCS-approved hospitals with licensed perinatal services and all CCS-approved NICUs are required to develop and administer their own hearing screening program for newborns and infants born in the hospital or receiving care in the NICU. California has over 500,000 births per year. With approximately 400,000 of these births occurring in CCS-approved hospitals, more infants than ever before will receive a hearing screen. It is anticipated that the NHSP will result in the identification of an estimated 1,200 newborns and infants born each year with a significant hearing loss who will be linked with appropriate follow-up and early intervention services.

### **Program Overview**

The NHSP is a comprehensive and coordinated system of early identification, tracking and monitoring of hearing screening, access to diagnostic services, and coordination of appropriate intervention and support services for newborns and infants with hearing loss. The goal of the program is to identify newborns and infants with a hearing loss prior to three months of age and to implement audiological and early intervention services by six months of age.

Under the NHSP, all CCS-approved hospitals with licensed perinatal services are required to perform inpatient hearing screening on all newborns, with the parent's permission, prior to hospital discharge. All infants receiving care in a CCS-approved NICU must receive inpatient infant hearing screening services prior to discharge. Inpatient infant hearing screening includes a repeat hearing screen prior to discharge if the newborn or infant did not pass the initial inpatient hearing screening.

Newborns and infants who do not pass the inpatient infant hearing screening are referred to an outpatient infant hearing screening provider for hearing rescreening that should be performed within one month of discharge. Newborns and infants who were born in a CCS-approved hospital but were discharged from the birthing hospital before inpatient infant hearing screening services were offered or provided will be referred to an outpatient infant hearing screening provider. Providers who can be certified as outpatient infant hearing screening providers include: NHSP-certified inpatient infant hearing screening providers; CCS-approved Type A, B, and C Communication Disorder Centers (or Level 1, 2, or 3 Hearing and Speech Centers); and CCS-paneled audiologists, pediatricians, otolaryngologists, and family practice physicians.

Newborns and infants who do not pass the outpatient initial hearing screening or the outpatient hearing rescreening are referred to a CCS-approved Type C Communication Disorder Center (or Level 3 Hearing and Speech Center) for a diagnostic hearing evaluation and to the local CCS program for authorization of this evaluation.

Newborns and infants receiving care in a CCS-approved NICU who do not pass the inpatient hearing screening are referred directly to a CCS-approved Type C Communication Disorder Center (or Level 3 Hearing and Speech Center) for a diagnostic hearing evaluation and to the local CCS program for authorization of this evaluation.

Upon identification of a hearing loss, infants and their families are referred to the local Early Start Program for access to early intervention and related services. The results of the diagnostic hearing evaluation are sent to the local CCS program so that eligibility for the program's treatment services can be determined. Subsequent to the eligibility determination, on-going audiologic services including habilitation and amplification, if chosen by the family, can be authorized.

A vital part of the NHSP is the exchange of information throughout the hearing screening process. Families will be provided informational materials that are related to the screening process, including the results of the screening. Primary care providers will receive the results of the screenings and diagnostic evaluations of infants under their care. The hospital will provide information and continuing education to medical and nursing staff regarding hearing screening.

In addition to hearing screening services, the NHSP has several other components. These include:

- An outreach and awareness campaign to provide educational information to the public and health care professionals.
- Hearing Coordination Centers (HCCs) which assist hospitals in developing their screening programs, certify and monitor the screening programs, and track those infants who require further screening and intervention to assure that they are linked to appropriate services. Each HCC has a geographic service area for which it is responsible.
- Data collection, tracking and management.

The NHSP does not mandate a specific technology to perform the newborn hearing screening. Evoked potential or otoacoustic emission testing instruments approved by the Food and Drug Administration that detect a mild hearing loss in a newborn or infant are acceptable.

Reimbursement is available from Medi-Cal for hearing screening services provided to newborns and infants eligible for the program or from the CCS program for newborns who are uninsured. Providers who have been certified to provide newborn hearing screening services may submit claims for services in accordance with the procedures outlined in this manual.

For purposes of the NHSP, "uninsured" means that the newborn or infant had no evidence of health insurance:

1. For the hospital stay during which the inpatient hearing screening was performed.
2. At the time the outpatient hearing screening or rescreening was performed.

## **Certification - What It Means**

### **Inpatient Infant Hearing Screening Providers**

All CCS-approved hospitals with licensed birthing facilities and all hospitals with CCS-approved NICUs must develop their own inpatient hearing screening program based on the standards described in Chapter 3.42.1 of the CCS Manual of Procedures. The standards address many areas such as:

- Staffing, including competency testing of individuals conducting the hearing screening
- Facility requirements, including the use of appropriate newborn hearing screening equipment
- Services, including information distribution to parents and primary care providers
- Care coordination and referral
- Data collection and reporting

Hospitals that are in compliance with these standards will be certified as inpatient infant hearing screening providers and receive a copy of this manual. Certification allows providers to bill the Medi-Cal and CCS programs for hearing screening services provided on or after the effective date of certification and in accordance with the guidelines contained in this manual.

The certification process for hospitals and NICUs was initiated in Spring 2000 with full participation required by all CCS-approved hospitals and NICUs by December 31, 2002. The certification process is conducted by the HCC serving the geographic service area in which the hospital is located.

### **Outpatient Infant Hearing Screening Providers**

To participate in the NHSP, outpatient providers of hearing screening services must be certified as being in compliance with the standards described in Chapter 3.42.2 of the CCS Manual of Procedures. Certified outpatient providers will be able to bill the Medi-Cal or CCS programs for eligible newborns and infants who received hearing screening services on or after the effective date of certification. The certification process for outpatient infant hearing screening providers is conducted by CMS Branch staff.

## SECTION 1.2 - REIMBURSEMENT REQUIREMENTS


### Prior Authorization

Prior authorization is not required for inpatient or outpatient infant hearing screening or rescreening services.

Prior authorization is required for diagnostic hearing evaluations. For information regarding prior authorization requirements for diagnostic hearing evaluations, please refer to the section in this manual titled "Referral For Diagnostic Hearing Evaluation."

### Procedure Codes

Claims for reimbursement must include the appropriate procedure code listed on the following pages when billing for newborn hearing screening services.

 Reminder:	Prior to rendering services and submitting a claim, providers are responsible for determining what hearing screening services the newborn or infant may have already received.
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PROCEDURE CODE Z9725

<u>Procedure Code</u>	<u>Description</u>	<u>Policy</u>
Z9725	Initial Infant Hearing Screening - Hospital/Inpatient	<p>(1) Used to bill for hearing screening services provided to:</p> <ul style="list-style-type: none"> <li>• Newborns during their birth admission in a NHSP-certified hospital;</li> <li>• Newborns or infants receiving care in a CCS-approved NICU in an NHSP-certified NICU;</li> <li>• Newborns or infants transferred to an NHSP-certified hospital from another hospital who did not receive a hearing screening prior to the transfer.</li> </ul> <p>(2) Initial inpatient infant hearing screening is complete when the newborn or infant:</p> <ul style="list-style-type: none"> <li>• Passes the first bilateral screening;</li> <li>• Does not pass the initial screening in one or both ears but passes the repeat screening in both ears; or</li> <li>• Does not pass the initial and repeat screening in one or both ears.</li> </ul> <p>(3) Includes the repeat hearing screening performed as part of the initial inpatient hearing screening service during the newborn's or infant's admission to the hospital.</p> <p>(4) Payable on a fee-for-service basis <b>ONLY</b> to NHSP-certified hospitals. This service is not included in the capitation rate paid to Medi-Cal Managed Health Care Plans or in the negotiated hospital reimbursement paid to hospitals participating in the Selective Provider Contracting Program.</p> <p>(5) Payable once per hospital stay for the same newborn or infant.</p> <p>(6) Claims with dates of service for initial inpatient infant hearing screening performed <u>after</u> the infant is 12 months of age are not payable.</p> <p>(7) Claims are only payable for dates of service <u>on or after</u> the effective date of the provider's certification under the NHSP.</p>

PROCEDURE CODE Z9726

<u>Procedure Code</u>	<u>Description</u>	<u>Policy</u>
Z9726	Initial Infant Hearing Screening - Outpatient	<p>(1) Used to bill for hearing screening services provided by outpatient infant hearing screening providers.</p> <p>(2) Used to bill for those infants born in a CCS-approved hospital or receiving care in a CCS-approved NICU who were discharged from the hospital before initial inpatient hearing screening services were offered or provided.</p> <p>(3) Initial outpatient infant hearing screening is complete when the newborn or infant:</p> <ul style="list-style-type: none"> <li>• Passes the initial outpatient screening in both ears; or</li> <li>• Does not pass the initial outpatient screening in one or both ears.</li> </ul> <p>(4) Payable on a fee-for-service basis <b><u>ONLY</u></b> to NHSP-certified providers. This service is not included in the capitation rate paid to Medi-Cal Managed Health Care Plans.</p> <p>(5) Payable <b><u>ONLY</u></b> if procedure code Z9725 has not been billed.</p> <p>(6) Claims with dates of service for initial outpatient infant hearing screening performed <u>after</u> the infant is 12 months of age are not payable.</p> <p>(7) Claims are only payable for dates of service <u>on or after</u> the effective date of the provider's certification under the NHSP.</p>

PROCEDURE CODE Z9727

<u>Procedure Code</u>	<u>Description</u>	<u>Policy</u>
Z9727	Infant Hearing Rescreening - Outpatient	<p>(1) Used to bill for hearing screening services provided by outpatient infant hearing screening providers.</p> <p>(2) Used to bill for those newborns or infants who did not pass the initial inpatient infant hearing screening in one or both ears.</p> <p>(3) Rescreening is complete when the newborn or infant:</p> <ul style="list-style-type: none"> <li>• Passes the outpatient hearing rescreening in both ears; or</li> <li>• Does not pass the outpatient hearing rescreening in one or both ears.</li> </ul> <p>(4) Payable on a fee-for-service basis <b><u>ONLY</u></b> to NHSP-certified providers. This service is not included in the capitation rate paid to Medi-Cal Managed Health Care plans.</p> <p>(5) Payable only <u>once</u> for the same newborn or infant, regardless of eligible provider.</p> <p>(6) Not payable if procedure code Z9726 has been paid.</p> <p>(7) Claims with dates of service for outpatient infant hearing rescreening performed <u>after</u> the infant is 12 months of age are not payable.</p> <p>(8) Claims are only payable for dates of service <u>on or after</u> the effective date of the provider's certification under the NHSP.</p>

## SECTION 1.3 - BILLING

Proper and timely submission of claims is of the highest importance. Delayed or improperly prepared claims could result in delayed payment or possible denial. Providers billing for patients who are Medi-Cal eligible or who are uninsured must adhere to the following specific instructions when completing the claim form and other applicable instructions described in the *CCS/GHPP Provider Manual* and the *Medi-Cal Provider Manual*.

### Provider Number

For billing NHSP services rendered to Medi-Cal eligible newborns and infants, providers must use their outpatient Medi-Cal provider number.

For billing NHSP services rendered to uninsured newborns and infants, providers must use their outpatient "CGP" provider number. Providers who do not have an outpatient "CGP" number should contact the following office:

Department of Health Services  
Children's Medical Services Branch  
ATTN: CCS/GHPP Provider Enrollment  
1515 K Street, Room 300  
P.O. Box 942732  
Sacramento, CA 94234-7320

Telephone: (916) 322-8702  
FAX: (916) 322-8798

#### Reminder

Providers who wish to change the Medi-Cal outpatient provider number or outpatient "CGP" number that they are using to bill inpatient or outpatient hearing screening services must send a written request to:

Department of Health Services  
Children's Medical Services Branch  
Newborn Hearing Screening Program  
1515 K Street, Room 400  
P.O. Box 942732  
Sacramento, CA 94234-7320

## Claim Forms

Providers are required to bill for services on the appropriate claim forms. Listed below are the forms to be used by procedure code. Examples of completed claim forms are located in the Appendix of this manual.

Procedure Code	Claim Form	Provider Number
Z9725	UB92	<ul style="list-style-type: none"><li>Hospital outpatient Medi-Cal or outpatient "CGP" provider number</li><li>Los Angeles County Waiver hospitals use Medi-Cal "LAW" provider prefix</li></ul>
Z9726	*HCFA 1500	Outpatient Medi-Cal or outpatient "CGP" provider number
Z9727	*HCFA 1500	Outpatient Medi-Cal or outpatient "CGP" provider number

**\*Exception: Hospitals must ALWAYS use the UB92 claim form whether they are billing for inpatient or outpatient NHSP services. All other NHSP outpatient providers must use the HCFA 1500 claim form for billing for NHSP outpatient services.**

## Place of Service

For all procedure codes, enter "7" (other) in the Place of Service field.

The following applies to the UB92 claim form only. The Medi-Cal Inpatient/Outpatient Provider Manual, which must be used in conjunction with this NHSP Provider Manual, requires that if you enter a "7" in the Place of Service field, you must enter an explanation in the Remarks field (Section 84 of the UB92 form). Enter "Newborn Hearing Screening Program" in the Remarks field whenever you enter a "7" in the Place of Service field on the UB92 claim form.

## UB92 Claim Form – Remarks Field

When billing for Inpatient Infant Hearing Screening services (Z9725), you must add the following statement to section 84, Remarks Field of the UB92 claim form: "This service is not included in the facility contracted rate."

## **Los Angeles County (LAC) Waiver Hospitals**

LAC Waiver Hospitals that are NHSP-certified must use the provider number prefix "LAW" when billing for the inpatient or outpatient hearing screening procedure codes listed above. This prefix is assigned by the Department when NHSP provider certification is approved and is limited to billing for NHSP services. All other billing instructions stated in this manual, the *CCS/GHPP Provider Manual* and the *Medi-Cal Provider Manual* apply to LAC Waiver Hospitals.

## **Reimbursement Rate**

The reimbursement rate of \$30.00 is payable for procedure codes Z9725, Z9726 and Z9727 in accordance with the guidelines described in this manual. The rate includes all technical and professional components of the screening procedure, related patient management, information management and documentation.

## **Where to Submit Claims**

Claims adjudication for inpatient and outpatient hearing screening services vary based on the following:

1. Claims for newborns and infants eligible under the Medi-Cal program are submitted to EDS. Refer to the *Medi-Cal Provider Manual* for submission instructions.
2. Claims for uninsured newborns and infants (billing with CGP number) are submitted to the office listed below. Prior to submission, the provider must verify that, to the best of their knowledge, the newborn or infant is uninsured as defined under the NHSP. Send the claim to:

Department of Health Services  
Children's Medical Services Branch  
Newborn Hearing Screening Program  
1515 K Street, Room 400  
P.O. Box 942732  
Sacramento, CA 94234-7320

## **SECTION 2.0 - REFERRAL FOR DIAGNOSTIC HEARING EVALUATION**

### **Background**

The CCS program is responsible for providing diagnostic services to determine the presence of a CCS-eligible condition when there is a suspicion that one exists. Hearing loss is a CCS-eligible condition and is suspected when a newborn or infant does not pass the hearing screening as defined by the NHSP. Diagnostic services are available from CCS-approved providers regardless of family income, however, the CCS program requires that families use third-party insurance coverage first before CCS funds are expended. Please see the next page for the specific information to follow regarding prior authorization requirements.

Newborns or infants who do not pass the initial outpatient hearing screening or outpatient hearing rescreening are referred to a CCS-approved Type C Communication Disorder Center (or Level 3 Hearing and Speech Center) for the diagnostic hearing evaluation.

Newborns and infants receiving care in a CCS-approved NICU who do not pass the inpatient hearing screening are also referred to a CCS-approved Type C Communication Disorder Center (or Level 3 Hearing and Speech Center) after hospital discharge when a diagnostic hearing evaluation cannot be completed during their hospital stay.

### **Scheduling the Appointment**

It is the goal of the NHSP to identify the presence of hearing loss by three months of age. Therefore, the appointment for the diagnostic hearing evaluation should be scheduled as soon as possible after the newborn or infant does not pass the initial outpatient hearing screening or the outpatient hearing rescreening, or is discharged from the NICU.

The parents should be assisted in scheduling the appointment. This may be done by the provider who will be performing the diagnostic hearing evaluation, the provider who is making a referral for the evaluation or the hospital.

The appointment can be scheduled simultaneously with the submission of the request for prior authorization to the appropriate CCS program office.

### **What the Diagnostic Hearing Evaluation Includes**

The diagnostic hearing evaluation includes the audiologic testing procedures necessary to determine the type, degree and configuration of hearing loss. The evaluation appointment is typically scheduled for one to two hours and may require more than one visit to complete all the testing.

## SECTION 2.1 - REIMBURSEMENT REQUIREMENTS

### Prior Authorization

Prior authorization is required for the diagnostic hearing evaluation just as it is for all diagnostic and treatment services covered by the CCS program.

The CCS program will respond to a request for prior authorization within five working days of receipt of the request. The authorization will be issued to a CCS-approved Type C Communication Disorder Center (or Level 3 Hearing and Speech Center) for all newborns and infants referred through the NHSP.



#### Reminder

The CCS program will authorize the diagnostic hearing evaluation regardless of the health insurance status of the newborn or infant. The provider who will be performing the evaluation must simultaneously request prior authorization from the private health insurance carrier for newborns and infants who have such insurance. However, a denial from the insurance carrier is **NOT** required prior to requesting authorization from the CCS program.

### Prior Authorization Documents Required

Providers must send the following information by mail or facsimile to the CCS program in the county where the child resides:

- A CCS application form completed and signed by the family, unless one was submitted by the referring provider.
- A completed CCS Request for Service form.
- A copy of the hearing screening results.

If providers are referring the newborn or infant to a different facility for the diagnostic hearing evaluation they must indicate on the CCS Request for Service form the name of the provider to whom the child is being referred.



## **SECTION 2.2 - BILLING**

### **Procedure Codes**

Providers should refer to the *Medi-Cal Provider Manual* for the appropriate procedure codes to use for billing diagnostic hearing evaluation services. The current reimbursement rates assigned to these procedure codes will apply to claims for these services.

### **Claim Forms**

Providers should refer to the *CCS/GHPP Provider Manual* and the *Medi-Cal Provider Manual* for the appropriate claim form to use and instructions on how to complete it.

### **Where to Submit a Claim**

Claims for diagnostic hearing evaluation services provided to newborns and infants which are authorized by the CCS program must be submitted in accordance with the instructions in the *CCS/GHPP Provider Manual* and the *Medi-Cal Provider Manual*.

Claims for diagnostic hearing evaluation services provided to newborns and infants who are not Medi-Cal eligible and who have private health insurance must be submitted to the insurance carrier prior to billing the CCS program. A denial of payment from the insurance carrier must accompany the claim submitted to CCS in order for CCS to pay the claim.

## **SECTION 3.0 - BILLING QUESTIONS**

### **WHERE TO GET ASSISTANCE**

For assistance in resolving policy or program matters related to the NHSP or in completing claims for hearing screening for uninsured children, providers should contact the California NHSP at 1-916-322-5794.

For assistance in completing Medi-Cal claims and all other Medi-Cal billing matters, providers should contact EDS at 1-800-541-7747.

Providers **SHOULD NOT** contact the Hearing Coordination Center with billing questions.

## **APPENDIX**

**Examples of completed claim forms**

**CCS Application for Services form**

**CCS Request for Service form**

**Hearing Coordination Center Directory**

**State and County CCS Program Office Directory**

[illegible]

# Uninsured - Inpatient Screening

REORDER FROM STANDARD REGISTER FORM NO. UB92-CA PHONE: (916) 368-1200; FAX: (916) 368-1212

APPROVED OMB NO. 0938-0279

<b>ANYWHERE CITY HOSPITAL</b> <b>P.O. BOX 567</b> <b>SACRAMENTO, CA 99999</b>				2		<b>EXAMPLE</b>				3 PATIENT CONTROL NO.				4 TYPE OF BILL	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 COV D.		8 N-C D.		9 C-I D.		10 L-R D.	
12 PATIENT NAME <b>SMITH, BABY BOY</b>										13 PATIENT ADDRESS					
14 BIRTHDATE <b>02022000</b>		15 SEX <b>M</b>		16 MS		17 DATE		ADMISSION 18 HR 19 TYPE 20 SRC 21 DHR 22 STAT 23 MEDICAL RECORD NO.		24		25		CONDITION CODES 26 27 28 29 30 31	
32 OCCURRENCE DATE		33 CODE		34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE DATE		37 A B C		38		39	
a		b		c		d		e		f		g		h	
40		41		42		43		44		45		46		47	
a		b		c		d		e		f		g		h	
48		49		50		51		52		53		54		55	
a		b		c		d		e		f		g		h	
56		57		58		59		60		61		62		63	
a		b		c		d		e		f		g		h	
64		65		66		67		68		69		70		71	
a		b		c		d		e		f		g		h	
72		73		74		75		76		77		78		79	
a		b		c		d		e		f		g		h	
80		81		82		83		84		85		86		87	
a		b		c		d		e		f		g		h	
88		89		90		91		92		93		94		95	
a		b		c		d		e		f		g		h	
96		97		98		99		100		101		102		103	
a		b		c		d		e		f		g		h	

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

APPROVED OMB 0938-0008

### EXAMPLE

PICA										PICA									
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER										1a. INSURED'S I.D. NUMBER [FOR PROGRAM IN ITEM 1]									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
3. PATIENT'S BIRTH DATE										6. PATIENT RELATIONSHIP TO INSURED									
5. PATIENT'S ADDRESS (No., Street)										7. INSURED'S ADDRESS (No., Street)									
CITY STATE										CITY STATE									
ZIP CODE TELEPHONE (Include Area Code)										ZIP CODE TELEPHONE (INCLUDE AREA CODE)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH									
b. OTHER INSURED'S DATE OF BIRTH										b. EMPLOYER'S NAME OR SCHOOL NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN?									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE									
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE									
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										17a. I.D. NUMBER OF REFERRING PHYSICIAN									
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER										24. DATE(S) OF SERVICE									
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.									
27. ACCEPT ASSIGNMENT? YES NO										28. TOTAL CHARGE									
29. AMOUNT PAID										30. BALANCE DUE									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED									
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #										34. SIGNATURE OF PATIENT OR AUTHORIZED PERSON									

PLEASE PRINT OR TYPE

FORM HCFA 1500 (12-90)  
FORM QWCB 1500

FORM DDD-150C

APPROVED OMB NO. 0938-0279

ANYWHERE CITY HOSPITAL										2										3 PATIENT CONTROL NO.										4 TYPE OF BILL																																									
P.O. BOX 567										5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM THROUGH										7 COV D.		8 N-C D.		9 C-I D.		10 L-R D.		11																																	
SACRAMENTO, CA 99999																																																																							
12 PATIENT NAME SMITH, BABY GIRL										13 PATIENT ADDRESS																																																													
14 BIRTHDATE 03032000										15 SEX F		16 MS		17 DATE		18 HR		19 TYPE		20 SRC		21 DHR		22 STAT		23 MEDICAL RECORD NO.										24		25		26		27		28		29		30		31																					
32 OCCURRENCE CODE DATE										33 CODE		34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE DATE		37 CODE		38 OCCURRENCE SPAN FROM THROUGH		39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT																																							
42 REV. CD.										43 DESCRIPTION Initial hearing screen -- OP										44 HCPCS / RATES Z9726										45 SERV. DATE 030400										46 SERV. UNITS 1										47 TOTAL CHARGES 30 00										48 NON-COVERED CHARGES										49	
50 PAYER 001										51 PROVIDER NO. HSP11111F										52 REL INFO		53 ASG BEN		54 PRIOR PAYMENTS										55 EST. AMOUNT DUE 30 00										56																											
57										58 INSURED'S NAME Elizabeth Jones										59 P.REL 03		60 CERT.-SSN-HIC-ID NO. 999887777										61 GROUP NAME										62 INSURANCE GROUP NO.																													
63 TREATMENT AUTHORIZATION CODES										64 ESC		65 EMPLOYER NAME										66 EMPLOYER LOCATION																																																	
67 PRIN. DIAG CD. V30.0										68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE		78																																									
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84 REMARKS Newborn Hearing Screening Program										85 PROVIDER REPRESENTATIVE X Must be signed																				86 DATE																																									

# Uninsured - Outpatient Screening

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

**EXAMPLE**

APPROVED OMB 0938-0008

HEALTH INSURANCE CLAIM FORM									
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## INFORMATION ABOUT CALIFORNIA CHILDREN'S SERVICES (CCS)

### What is California Children's Services?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

### What does CCS offer children?

If you or your child's doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

### Who qualifies for CCS?

The program is open to anyone who:

- is under 21 years old;
- has or is suspected of having a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported on the adjusted gross income on the state tax form **or** whose out-of-pocket medical expenses for a child who qualifies are **expected** to be more than 20 percent of family income; or the child has Healthy Families coverage.

There are no financial eligibility requirements for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Health Families coverage; or
- live on an Indian reservation.

### What medical conditions does CCS cover?

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Diseases of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Diseases of the genito-urinary system (serious chronic kidney problems)
- Diseases of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Diseases of the sense organs (hearing loss, glaucoma, cataracts)
- Diseases of the nervous system (cerebral palsy, uncontrolled seizures)
- Diseases of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)

- Complications of premature birth requiring an intensive level of care
- Diseases of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)

There also may be certain criteria that determine if your child's medical condition is eligible. Ask your county CCS office if you have questions.

### **What must the applicant or family do to qualify?**

Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

### **How does CCS protect my privacy?**

Your county CCS office is asking for the information on this application. CCS must keep this information confidential.<sup>1</sup> CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS agency. By law, the information you give CCS is kept by the program.<sup>2</sup> California law also requires that families applying for services be given the above information.<sup>3</sup>

### **Do I have a right to appeal a decision?**

You have the right to disagree with decisions made by CCS.<sup>4</sup> This is called an appeal. For information on the appeal process, contact your county CCS office.

### **Where can I get more information about CCS?**

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children's Services or county Health Department.

### **Notes**

1. In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code Section 6250–6255)
2. Section 123800 et. seq. of the California Health and Safety Code
3. Civil Code, Section 1798.17
4. California Code of Regulations, Title 2, Chapter 13, Section 42702–42703

**APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY**

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term **“applicant”** means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

**A. Applicant Information**

1. Name of applicant (last) (first) (middle)			Name on birth certificate (if different)		Any other name the applicant is known by	
2. Date of birth ____/____/____			3. Place of birth—county and state		Country, if born outside the U.S.	
4. Applicant's residence address (number, street) (do not use a P.O. box)			City		County	ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Race/ Ethnicity		7. Social security number ____-____-____		
8. What is the applicant's suspected eligible CCS condition or disability?						
9. Name of applicant's physician					10. Physician's phone number ( )	

**B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. Name(s) of parent or legal guardian		12. Mother's first name (if not identified in 11)		Maiden name	
13. Residence address (number, street) (do not use a P.O. box)		City		County	ZIP code
14. Mailing address (if not listed in 13)		City		ZIP code	
15. Day phone number ( )	16. Evening phone number ( )	17. Message phone number ( )		18. What language do you speak best?	

**C. Health Insurance Information**

19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the applicant's Medi-Cal number?		Is there a share-of-cost? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what amount do you pay per month? \$	
20. Is the applicant enrolled in the Healthy Families program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the plan?					
21. Does the applicant have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the insurance plan or company?					
Type of insurance plan or company <input type="checkbox"/> Preferred Provider (PPO) <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other: _____							
22. Does the applicant have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				23. Does the applicant have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**D. Certification (Your signature below authorizes the CCS program to proceed with this application.)**

I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program. I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

I certify that I have read and understand the information or have had it read to me. I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

*Mail this form to your county CCS office. See page 6 for a list of addresses.*

## INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

**Section A: Applicant Information** ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:

• Alaskan Native	• Chinese	• Laotian
• Amerasian	• Filipino	• Samoan
• American Indian	• Guamanian	• Vietnamese
• Asian	• Hawaiian	• White
• Asian Indian	• Hispanic/Latino	• Other
• Black/African American	• Japanese	• Unknown
• Cambodian	• Korean	
7. **Applicant's social security number:** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

**Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak **best**.

**Section C: Health Insurance Information**

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

**Section D: Certification**

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

## Submitting Your Application

Find the county you live in on the list below. Mail your application to this address.

Alameda County CCS Program  
1000 Broadway, Suite 500  
Oakland, 94607

Alpine County CCS Program  
75-B Diamond Valley Road  
Markleeville, 96120

Amador County CCS Program  
1003 Broadway, Suite 203  
Jackson, 95642

Butte County CCS Program  
1370 Ridgewood Drive, Suite 22  
Chico, 95973

Calaveras County CCS Program  
891 Mountain Ranch Road, Suite C2  
San Andreas, 95249

Colusa County CCS Program  
251 East Webster Street  
Colusa, 95932

Contra Costa County CCS Program  
597 Center Avenue, Suite 110  
Martinez, 94553

Del Norte County CCS Program  
880 Northcrest Drive  
Crescent City, 95531

El Dorado County CCS Program  
1929 Spring Street  
Placerville, 95667

Fresno County CCS Program  
P.O. Box 11867  
Fresno, 93775

Glenn County CCS Program  
240 North Villa Avenue  
Willows, 95988

Humboldt County CCS Program  
317 Second Street  
Eureka, 95501

Imperial County CCS Program  
935 Broadway  
El Centro, 92243

Inyo County CCS Program  
207-A West South Street  
Bishop, 93514

Kern County CCS Program  
1800 Mount Vernon Avenue, Second Floor  
Bakersfield, 93306

Kings County CCS Program  
330 Campus Drive  
Hanford, 93230

Lake County CCS Program  
922 Bevins Court  
Lakeport, 95453

Lassen County CCS Program  
555 Hospital Lane  
Susanville, 96130

Los Angeles County CCS Program  
9320 Telstar Avenue, Suite 226  
El Monte, 91731

Madera County CCS Program  
14215 Road 28  
Madera, 93638

Marin County CCS Program  
555 Northgate Drive, Suite B  
San Rafael, 94903

Mariposa County CCS Program  
4988 Eleventh Street  
Mariposa, 95338

Mendocino County CCS Program  
890 North Bush Street  
Ukiah, 95482

Merced County CCS Program  
260 East 15th Street  
Merced, 95340

Modoc County CCS Program  
441 North Main Street  
Alturas, 96101

Mono County CCS Program  
P.O. Box 3329  
Mammoth Lakes, 93546

Monterey County CCS Program  
1441 Constitution Boulevard, Building 400,  
Suite 200  
Salinas, 93906

Napa County CCS Program  
2261 Elm Street  
Napa, 94559

Nevada County CCS Program  
HEW Complex  
10433 Willow Valley Road, Suite B  
Nevada City, 95959

Orange County CCS Program  
200 West Santa Ana Boulevard, Suite 100  
Santa Ana, 92706

Placer County CCS Program  
379 Nevada Street  
Auburn, 95603

Plumas County CCS Program  
1446 East Main Street  
Quincy, 95971

Riverside County CCS Program  
P.O. Box 7600  
Riverside, 92513

Sacramento County CCS Program  
9616 Micron Avenue, Suite 640  
Sacramento, 95827

San Benito County CCS Program  
439 Fourth Street  
Hollister, 95023

San Bernardino County CCS Program  
515 North Arrowhead Avenue  
San Bernardino, 92415

San Diego County CCS Program  
6160 Mission Gorge Road  
San Diego, 92120

San Francisco County CCS Program  
30 Van Ness Avenue, Suite 210  
San Francisco, 94102

San Joaquin County CCS Program  
511 East Magnolia, Third Floor  
Stockton, 95202

San Luis Obispo County CCS Program  
P.O. Box 1489  
San Luis Obispo, 93406

San Mateo County CCS Program  
225 37th Avenue  
San Mateo, 94403

Santa Barbara County CCS Program  
1111 Chapala Street, Suite 200  
Santa Barbara, 93101

Santa Clara County CCS Program  
720 Empey Way  
San Jose, 95128

Santa Cruz County CCS Program  
P.O. Box 962  
Santa Cruz, 95061

Shasta County CCS Program  
3499 Hiatt Drive  
Redding, 96003

Sierra County CCS Program  
P.O. Box 7  
Loyalton, 96118

Siskiyou County CCS Program  
806 South Main Street  
Yreka, 96097

Solano County CCS Program  
1735 Enterprise Drive,  
Building 3, MS 3-110  
Fairfield, 94533-0677

Sonoma County CCS Program  
625 Fifth Street  
Santa Rosa, 95404

Stanislaus County CCS Program  
P.O. Box 3088  
Modesto, 95353

Sutter County CCS Program  
P.O. Box 1510  
Yuba City, 95992

Tehama County CCS Program  
1860 Walnut Street, Building C  
Red Bluff, 96080

Trinity County CCS Program  
P.O. Box 1470  
Weaverville, 96093

Tulare County CCS Program  
MCH Building  
115 East Tulare Street  
Tulare, 93274

Tuolumne County CCS Program  
20111 Cedar Road North  
Sonora, 95370

Ventura County CCS Program  
2323 Knoll Drive  
Ventura, 93003

Yolo County CCS Program  
20 Cottonwood Street  
Woodland, 95695

Yuba County CCS Program  
6000 Lindhurst Avenue, Suite 601-B  
Marysville, 95901

# CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM

## Request for Service Form

### Newborn Hearing Screening Program (NHSP) Referral

This form is to be completed by a health care provider who is seeking approval for health care services (including hospital inpatient stays) from the CCS program for a potential CCS applicant or CCS client. When this is an initial request for services, it also constitutes a referral to the program. Items identified with an "✓" and in **BOLD** denote required data fields which must be completed if further action is to be taken.

<b>✓ PATIENT INFORMATION</b>  CCS Number (if known): _____ CIN No. _____		<b>DATE:</b> _____	
<b>✓ PATIENT'S NAME &amp; ADDRESS</b>		<b>✓ DATE OF BIRTH:</b> <div style="text-align: center; margin: 5px 0;">             /   /           </div> <b>GENDER:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>PATIENT'S BIRTH CERTIFICATE NAME</b> (if different than name given)		<b>SOCIAL SECURITY NUMBER:</b>	
<b>PATIENT'S PLACE OF BIRTH</b> (City, County and State)		<b>COUNTY OF RESIDENCE:</b>	
<b>✓ HOME PHONE NUMBER:</b> (   )   -  <b>WORK PHONE NUMBER:</b> (   )   -			
<b>MEDI-CAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Medi-Cal Number: _____ If YES, is child in Managed Care Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name of Plan: _____		<b>MEDICAL INSURANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Carrier or Plan Name and Policy Number: _____  Is Insurance an HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>HEALTHY FAMILIES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, Name of Plan _____			
<b>Please complete the following two items below ONLY if this is the initial request for services for this patient.</b>			
<b>✓ MOTHER'S FIRST NAME AND MAIDEN NAME:</b>		<b>✓ ETHNIC GROUP:</b>  <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Hispanic  <input type="checkbox"/> Filipino <input type="checkbox"/> Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Amer Asian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> No Response <input type="checkbox"/> Unknown	
<b>REQUEST FOR SERVICES</b>  <b>PROVIDER TYPE:</b> <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER HEALTH CARE PROVIDER _____			
<b>SPECIFIC SERVICES REQUESTED</b> 1. Diagnostic Hearing Evaluation  2.  3.		<b>PROCEDURE CODES</b>	
<b>Attach pertinent medical information related to the request. (Describe nature of medical problems, including significant associated conditions OR attach medical reports that support the requested services)</b>			
If diagnosis is known, please identify:			
<b>PRIMARY:</b>		<b>OTHER:</b>	
<b>SECONDARY:</b>			
<b>PROVIDER NAME/ADDRESS:</b>			
<b>COMPLETED BY:</b>		<b>PHONE NUMBER:</b> (   )   -	
<b>TITLE:</b>			



## HEARING COORDINATION CENTER (HCC) DIRECTORY

### Northeastern & Central California HCC

5301 F Street, Suite 213  
Sacramento, CA 95819-3295  
(916) 733-7088

### Bay Area/Coastal California HCC

147 Lomita Drive, Suite J  
Mill Valley, CA 94941-1462  
(415) 383-3752

### Southern California HCC

2801 Atlantic Avenue  
Long Beach, CA 90801-1428  
(562) 933-8090

# California Children's Services State and County Offices

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## State Office Locations

### **Program Case Management Section (PCMS) Sacramento Regional Office (SRO)**

Joan Dorfman, M. D., M.P.H.  
Section Chief  
1515 K Street, Suite 400  
Sacramento 95814  
(916) 327-2999  
FAX: (916) 327-0998

### **Program Operations Section (POS)**

#### **Northern California Region**

San Francisco Office (NCR/SFO)  
Annette Irving, R.N., M.P.A.,  
Program Manager  
185 Berry Street, Lobby 6, Suite 225  
San Francisco, CA 94107  
(415) 904-9699  
FAX: (415) 904-9698

Sacramento Office (NCR/SO)  
Arlene Warren, R.N., MSN  
Program Manager  
1515 K Street, Suite 400  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 322-8708  
FAX: (916) 327-1106

#### **Southern California Region**

Susan Igdaloff, M. D., Medical Consultant  
Linda Torn, Program Manager  
Southern California Regional Office (SCRO)  
311 South Spring Street, Suite 01-11  
Los Angeles, CA 90013  
(213) 897-3574 FAX: (213) 897-2882

## California Children's Services State and County Offices

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The following section lists in alphabetical order the California Children's Services (CCS) county offices' mailing addresses and phone numbers. It also identifies the county offices as dependent or independent, and the regional office responsible for the county. This list is important in determining whether the CCS local office or CCS regional office must be contacted when requesting prior authorization or submitting claims.

The following guideline can be helpful in selecting the correct office:

- For questions on eligibility, prior authorization and submitting claims in *independent counties*, please contact the CCS independent county office.
- For questions on eligibility in *dependent counties*, please contact the CCS dependent county office or the appropriate CCS regional office.
- For questions on prior authorization or submitting claims in dependent counties, contact the appropriate CCS regional office.

**Exception:** Claims for patients residing in the dependent county CCS programs served by the Program Case Management Section (AKA Sacramento Regional office) are to be sent directly to Electronic Data Systems (EDS) with the appropriate authorization form or identification card attached when:

1. Directed to do so based on instructions in the CCS/CHPP Provider Manual, and/or
2. The directions on the authorization form instruct you to do so.

## California Children's Services State and County Offices

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<u>County* Office Address</u>	<u>Phone Number</u>	<u>Dependent/ Independent</u>	<u>Regional Office</u>
<b>Alameda</b> Marge Deichman Administrator 1000 Broadway, Suite 500 Oakland 94607	(510) 208-5970	Independent	Northern California Region/ San Francisco
<b>Alpine</b> Carol Mallory, P.H.N. Administrator ** P.O. Box 548  75-B Diamond Valley Road Markleeville 96120-0545	(530) 694-2146	Dependent	Program Case Management Section (PCMS)/ Sacramento
<b>Amador</b> Angel LeSage, P.H.N. Administrator 1003 Broadway, Ste. 203 Jackson 95642	(209) 223-6407	Dependent	PCMS/Sacramento
<b>Butte</b> Barbara Demers, P.H.N. Administrator 1370 Ridgewood Drive Suite 22 Chico 95973	(530) 895-6546	Independent	Northern California Region/ Sacramento
<b>Calaveras</b> Linda Parker, P.H.N., MSN Administrator 891 Mt. Ranch Road Government Center San Andreas 95249	(209) 754-6460	Dependent	PCMS/Sacramento

\* COUNTY DEPARTMENT OF HEALTH EXCEPT FOR SHASTA WHICH IS  
COUNTY DEPARTMENT OF WELFARE.

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**(U. P. S., ETC.).**

## California Children's Services State and County Offices

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<u>County* Office Address</u>	<u>Phone Number</u>	<u>Dependent/ Independent</u>	<u>Regional Office</u>
<b>Colusa</b> Bonnie Marshall Administrator/Director ** P.O. Box 610  251 E. Webster Street Colusa 95932	(530) 458-0380	Dependent	PCMS/Sacramento
<b>Contra Costa</b> Robin Thomas, P.H.N., M.P.A. Administrator 597 Center Avenue Suite 110 Martinez 94553-4629	(925) 313-6100	Independent	Northern California Region/ San Francisco
<b>Del Norte</b> Adele Sandry, Administrator 880 Northcrest Drive Crescent City 95531	(707) 464-3191	Dependent	Northern California Region/ San Francisco
<b>El Dorado</b> Placerville Office: Dee Vogel, P.H.N. CCS Coordinator 929 Spring Street Placerville 95667	(530) 621-6128	Dependent	PCMS/Sacramento
South Lake Tahoe Office: Valerie Rudd, P.H.N., MN Public Health Service Manager 1360 Johnson Boulevard Suite 103 South Lake Tahoe 96150-8220	(530) 573-3160		

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## California Children's Services State and County Offices

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<u>County* Office Address</u>	<u>Phone Number</u>	<u>Dependent/ Independent</u>	<u>Regional Office</u>
<b>Fresno</b> Carol Madriano, P.H.N. Administrator ** P.O. Box 11867 Fresno 93775 1221 Fulton Mall Fresno 93721	(559) 445-3300	Independent	Southern California
<b>Glenn</b> Suzanne Toaspern-Holm, P.H.N. CMS Coordinator 240 N. Villa Avenue Willows 95988	(530) 934-6588	Dependent	PCMS/Sacramento
<b>Humboldt</b> Roberta James Administrator 317 Second Street Eureka 95501	(707) 445-6212	Independent	Northern California Region/ San Francisco
<b>Imperial</b> Silvia Hernandez, P.H.N. Administrator/Supervisor 935 Broadway El Centro 92243	(760) 482-4432	Dependent	Southern California
<b>Inyo</b> Tamara Cohn-Pound, P.H.N. Administrator 207-A West South Street Bishop 93514	(760) 873-7868	Dependent	Southern California
<b>Kern</b> 1800 Mt. Vernon Avenue, 2 <sup>nd</sup> Fl. Bakersfield 93306	(661) 868-0531	Independent	Southern California

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<b>Kings</b> Patricia Harder, P.H.N., MSN Administrator 330 Campus Drive Hanford 93230	(559) 584-1401	Dependent	Northern California Region/ San Francisco
<b>Lake</b> Terry Barber, P.H.N. Administrator 922 Bevins Court Lakeport, 95453-9780	(707) 263-1090	Dependent	PCMS/Sacramento
<b>Lassen</b> Judi Rex, P.H.N. CCS Administrator 555 Hospital Lane Susanville 96130	(530) 251-8183	Dependent	PCMS/Sacramento
<b>Los Angeles</b> Robert Frangenberg CMS/CCS Director 9320 Telstar Avenue Suite 226 El Monte, CA 91731	(626) 569-6002 (800) 288-4584	Independent	Southern California
<b>Madera</b> Carol Barney, B.S.N., P.H.N. Administrator 14215 Road 28 Madera 93638	(559) 675-7893	Dependent	PCMS/Sacramento
<b>Marin</b> Lael Lambert Administrator 555 Northgate Drive, Suite B San Rafael 94903	(415) 499-6877	Independent	Northern California Region/ San Francisco

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## California Children's Services State and County Offices

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<u>County* Office Address</u>	<u>Phone Number</u>	<u>Dependent/ Independent</u>	<u>Regional Office</u>
<b>Mariposa</b> Marna L. Klinkhammer, P.H.N. Administrator ** P.O. Box 5  4988 Eleventh Street Mariposa 95338	(209) 966-3689	Dependent	PCMS/Sacramento
<b>Mendocino</b> Carol Whittingslow, P.H.N. Administrator 890 North Bush Street ** Court House Ukiah 95482	(707) 463-4461	Independent	Northern California Region/ San Francisco
<b>Merced</b> Iantha Thompson, MSN Administrator 260 E. 15th Avenue Merced 95340-6297	(209) 381-1114	Independent	Northern California Region/ Sacramento
<b>Modoc</b> Karen Braun, P.H.N. Administrator 441 North Main Street Alturas 96101	(530) 233-6311	Dependent	PCMS/Sacramento
<b>Mono</b> Laurie Gunby, P.H.N. Administrator ** P.O. Box 3329  Mammoth Lakes 93546	(760) 924-5410	Dependent	Southern California

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<b>Monterey</b> Dyan Apostolos 1441 Constitution Blvd. Building 400, Suite 200 Salinas 93906-3195	(831) 755-5500	Independent	Northern California Region/San Francisco
<b>Napa</b> Dale Berry, P.H.N. Administrator 2261 Elm Street Napa 94559-3721	(707) 253-4391	Independent	Northern California Region/ San Francisco
<b>Nevada</b> Alice Litton, CMS Coordinator HEW Complex 10433 Willow Valley Road Suite B Nevada City 95959-2399	(530) 265-1450	Dependent	PCMS/Sacramento
<b>Orange</b> Linda Boyd, Administrator ** P.O. Box 6099  200 West Santa Ana Blvd. Suite 100 Santa Ana 92706	(714) 347-0300	Independent	Southern California
<b>Placer</b> Lynn Lothrop, P.H.N. Administrator 379 Nevada Street Auburn 95603	(530) 886-3630	Independent	Northern California Region/ Sacramento

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<b>Plumas</b>	Rita Scardaci, P.H.N. Administrator Court House Annex ** P.O. Box 3140  1446 East Main Street Quincy 95971	(530) 283-6330	Dependent	PCMS/Sacramento
<b>Riverside</b>	Lourdes Buan, M.D. Medical Director ** P.O. Box 7600  10769 Hole Avenue Suite 220 Riverside 92505	(909) 358-5401	Independent	Southern California
<b>Sacramento</b>	Crystl Carlton, R.N. Administrator 9616 Micron Avenue Suite 640 Sacramento 95827	(916) 875-9900	Independent	Northern California Region/ Sacramento
<b>San Benito</b>	Pat Cincone, P.H.N. Administrator 439 Fourth Street Hollister 95023	(831) 637-5367	Dependent	Northern California Region/ San Francisco

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<b>San Bernardino</b>	Kenneth Adams Program Manager 515 North Arrowhead Avenue San Bernardino, CA 92415-0062	(909) 388-5810	Independent	Southern California
<b>San Diego</b>	Robyn Phelps, P.H.N. Administrator ** P.O. Box 85222  6160 Mission Gorge Road San Diego 92120	(858) 560-3400	Independent	Southern California
<b>San Francisco</b>	Twila Brown, N.P., M.P.H. Administrator 30 Van Ness Avenue Suite 210 San Francisco 94102	(415) 575-5700	Independent	Northern California Region/ San Francisco
<b>San Joaquin</b>	Judy Wagner, P.H.N., M.P.A. Administrator 511 E. Magnolia, Third Floor Stockton 95202	(209) 468-1792	Independent	Northern California Region/ Sacramento

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<b>San Luis Obispo</b> Carol Grosse, P.H.N., MSN Administrator ** P.O. Box 1489  2156 Sierra Way San Luis Obispo 93406	(805) 781-5527	Independent	Southern California
<b>San Mateo</b> Brian Zamora, M.P.H., REHS, Director ** P.O. Box 5894  225 W. 37th Avenue San Mateo 94403	(650) 573-2755	Independent	Northern California Region/ San Francisco
<b>Santa Barbara</b> Elizabeth Kasehagen, R.N. P.H.N. Administrator 1111 Chapala St., Ste. 200 Santa Barbara 93101	(805) 681-5360	Independent	Southern California
<b>Santa Clara</b> Rosita Saw, M.D. Administrator/ Medical Director 720 Empey Way San Jose 95128	(408) 793-6200	Independent	Northern California Region/ San Francisco
<b>Santa Cruz</b> Carol Kerfoot, L.C.S.W. Administrator ** P.O. Box 962 Santa Cruz 95061 12 West Beach Street Watsonville 95061	(831) 763-8900	Independent	Northern California Region/ San Francisco

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<b>Shasta</b> Dennis McFall Administrator 3499 Hiatt Drive Redding 96003	(530) 225-5760	Dependent	PCMS/Sacramento
<b>Sierra</b> Donna Metzler, R.N., P.H.N. Administrator ** P.O. Box 7 202 Front Street Loyalton 96118	(530) 993-6700	Dependent	PCMS/Sacramento
<b>Siskiyou</b> Lynn Corliss, R.N., P.H.N. Program Manager 806 S. Main Street Yreka 96097	(530) 841-4040	Dependent	PCMS/Sacramento
<b>Solano</b> Robin Miller, P.H.N. Administrator 1735 Enterprise Dr. Bldg.3 **P.O. Box 4090 MS 3-110 Fairfield 94533-0677	(707) 421-7497	Independent	Northern California Region San Francisco
<b>Sonoma</b> Mallory Gerard Administrator 625 Fifth Street Santa Rosa 95404-4428	(707) 565-4500	Independent	Northern California Region/ San Francisco

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<b>Stanislaus</b> Darlene Wiseman, P.H.N. Administrator ** P.O. Box 3088 830 Scenic Drive Modesto 95350	(209) 558-7515	Independent	Northern California Region/ Sacramento
<b>Sutter</b> Allan Leavitt Administrator ** P.O. Box 1510  1445 Circle Drive Yuba City 95992	(530) 822-7215	Dependent	PCMS/Sacramento
<b>Tehama</b> Valerie Lucero, P.H.N. Administrator 1860 Walnut Street, Bldg. C Red Bluff 96080	(530) 527-6824	Dependent	PCMS/Sacramento
<b>Trinity</b> Carol Huang, P.H.N. Administrator ** P.O. Box 1470 1 Industrial Park Way Weaverville 96093	(530) 623-8210	Dependent	PCMS/Sacramento
<b>Tulare</b> Karen Cvetkovich Administrator MCH Building 115 E. Tulare Avenue Tulare 93274	(559) 685-2533	Independent	Southern California

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<b>Tuolumne</b> Maureen Woods, P.H.N. Administrator 20111 Cedar Road North Sonora 95370	(209) 533-7404	Dependent	PCMS/Sacramento
<b>Ventura</b> Dee Martin, R.N. Acting Administrator 2323 Knoll Drive Ventura 93003	(805) 677-5240	Independent	Southern California
<b>Yolo</b> Traci Corda Administrator 20 Cottonwood Street Woodland 95695	(530) 666-8640	Dependent	PCMS/Sacramento
<b>Yuba</b> Angela Parrish Cook, Sr. P.H.N. Administrator 6000 Lindhurst Avenue Suite 601-B Marysville 95901	(530) 741-6340	Dependent	PCMS/Sacramento

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